

# REQUEST FOR A CHILD PROTECTION SERVICES (CPS) HISTORY CHECK

State Form 52802 (R2 / 1-09) / CW 2128

DEPARTMENT OF CHILD SERVICES

**PLEASE NOTE:** If the applicant resided in Indiana prior to January 1 1998 and this time period is included in the search perimeters the request must be sent to the local DCS office in the county the applicant resided during that period. When there is more than one county of residency in this period to search, one request must be sent to each local DCS office. All local DCS offices can also perform statewide checks for residency after January 1, 1988. Contact information for all local DCS offices within Indiana go to this website. [www.in.gov/DCS/2363.htm](http://www.in.gov/DCS/2363.htm)

Please Print			SECTION 1 (completed by requestor)		
1. Applicant's name as it appears on official documents (include FIRST, MIDDLE AND LAST NAME, if no middle name, indicate "no middle")			2. Date (month, day, year)		
3. Reason (check all that apply) <input type="checkbox"/> Foster care <input type="checkbox"/> Adoption <input type="checkbox"/> Guardianship <input type="checkbox"/> Employment <input type="checkbox"/> Unlicensed placement <input type="checkbox"/> Other _____					
4. Category of subject <input type="checkbox"/> Applicant / licensee <input type="checkbox"/> Household member* <input type="checkbox"/> Volunteer/intern** <input type="checkbox"/> Employee <input type="checkbox"/> Other _____					
5. Requestor <input type="checkbox"/> Residential facility (insert name) _____ <input type="checkbox"/> Licensed child placing agency (insert name) _____ <input type="checkbox"/> Other _____					
RETURN FORM TO					
6. Printed name of contact person:		7. Agency Name		8. Telephone number	
9. Address (complete mailing address)		10. Fax Number		11. E-mail address	

All household members regardless of age. For minor household members age zero (0) to thirteen (13), the check is done to assess placement capacity and compatibility.

\*\* Volunteers / interns who have regular and continuous contact with children supervised by the applicant or licensee.

SECTION 2 - CONSENT TO CHECK CPS RECORDS (completed by subject of History Check)		
I hereby consent to a release of information to the above-named requestor regarding any prior child protection service history. I understand that this information is necessary to ensure the safety of children. This authorization is valid for sixty (60) days from date of consent.		
1. List all Indiana county(ies) that you lived for the period of the search, giving "to and from" years per county. Beginning on Jan 1 1998 or the first date of the search period whichever is earliest. If only one county entire time, indicate a beginning year to "current".		
2. Signature of subject of check (parent or guardian if subject is a minor)		3. Date release signed ( month, day, year)
4. Printed name (first, middle, last)	5. List all alias, maiden, other married, or nick name ever used. Do not leave blank. Indicate "no other names"	
6. Date of birth ( month, day, year)	7. Race	8. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
9. Current address ( number and street, city, state, and ZIP code)		
10. Social Security number ( List all numbers that have ever been assigned to you under any alias name.		

SECTION 3 - REQUESTED INFORMATION (completed by DCS)		
Has the above-named person ever been licensed as a foster parent in your county? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, was the license closed or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please explain the circumstances. _____ _____ _____		
Does the above-named person have a record of substantiated child abuse or neglect in your county or state? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, list date of substantiation, type of case (i.e. neglect, physical abuse, or sexual abuse), and local office that conducted the assessment. _____ _____ _____		
Signature of person completing the check		Date (month, day, year)
Printed name Cindy Hewett/Dan Dunbar/Scott Hood	Title COBCU Consultant	Name of local office or central office, Department of Child Services Central Office